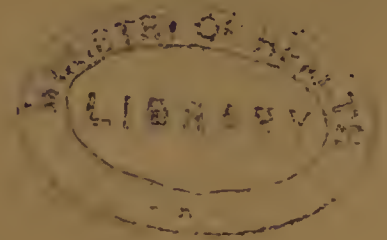


YERMS CRAVEN N1 *Thur*
THE URBAN DISTRICT COUNCIL OF SKIPTON



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1956



BY
M. Hunter, M.B.E., M.D., D.P.H.

The Urban District Council of Skipton.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1956.

HEALTH COMMITTEE

The Chairman of the Council
(ex-officio)

Councillor W. Smith, J.P.

Chairman

Councillor A. Walker

" Mrs. M.P. Banks

" C. Benjamin

" M.W. Crabtree

" J.D. McNeil

" M. Pallister

" J.D. Tanswell

Staff of the Department.

Medical Officer of Health

M. Hunter, M.B.E., M.D., D.P.H.

Chief Public Health Inspector

E. Hargreaves, A.R.S.H., M.A.P.H.I.

Additional Public Health
Inspector

A.F.G. Holmes, M.A.P.H.I.

Pupil

H.H. Crabtree

Clerk

Miss M. Ashworth.

Divisional Health Office,
Water Street,
Skipton.

To: The Chairman and Members of the
Health Committee.

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit for your information and consideration, my Annual Report for the year 1956, and to include as an Appendix a report on the Local Health Authority's services in the West Riding County Council's No.1. Division, which covers the urban districts of Silsden, Skipton, Earby and Barnoldswick, and the Skipton rural district. Comment on particular points is given under the appropriate headings, but there are others which merit reference here.

The first is the change of title of the sanitary inspector to that of public health inspector. "Sanitary" in its meaning of "pertaining to health" is a good and expressive word, but it has become debased by popular usage, whilst the inspector's sphere of work has been gradually widening, and his period of training lengthening. In fact, it now needs a larger outlay in time and money than many youths are prepared to give, particularly when the rewards of qualification are not commensurate with the responsibilities.

The second point is that the Divisional Health Office was moved during the summer to more suitable premises in Water Street, after occupying the old A.R.P. Centre since 1946, and subsequently extending into the Skipton Town Hall.

Thirdly, your Medical Officer of Health has, since July, been acting Medical Officer of Health and Divisional Medical Officer to the rural districts of Bowland, Settle and Sedbergh pending a decision on the County Council's proposals to amalgamate Health Divisions 1 and 2. Doubts were expressed on the advisability of this proposal, involving as it does the addition of a population of 22,870 to the 58,500 in Division 1. And the addition of an acreage of 288,088 to one of 163,666. The total acreage of 451,754 is in fact about one quarter of the total acreage (1,609,759) of the Administrative County which, for the purposes of health administration, is divided into twenty-eight divisions.

It is, therefore, with particular emphasis I wish to express my indebtedness to the Chief Public Health Inspector and his Staff for advice and support during the year, and to thank the Chief Officers and Staffs of other Departments for help so willingly given.

I am,

Yours faithfully,

M. HUNTER.

Medical Officer of Health.

SECTION A - STATISTICAL SUMMARY.

Area of the Urban District (acres)	4,211
Estimated population	13,100
Population at 1951 census	13,210
Number of inhabited houses (estimated)	4,592
Rateable Value for General Rate (approximate)	£156,668
Sum represented by a Penny Rate (approximate)	£617

BIRTHS

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Live, legitimate	163	78	85
illegitimate	<u>6</u>	<u>4</u>	<u>2</u>
Total:	<u>169</u>	<u>82</u>	<u>87</u>
Still, legitimate	4	3	1
illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total:	<u>4</u>	<u>3</u>	<u>1</u>
Total Births:	<u>173</u>	<u>85</u>	<u>88</u>

BIRTH RATES

Live Births (Per 1,000 estimated population)	12.90
Still Births (per 1,000 live and still births)	23.12

DEATH RATES

(crude)

(per 1,000 estimated populations)

All causes	16.10
Tuberculosis of Respiratory System07
Other forms of tuberculosis	-
Respiratory Diseases	1.29
Cancer	3.05
Heart and Circulatory Diseases	5.72

Death rate of Infants under one year of age.

All infants (per 1,000 live births)	41
---	----

MATERNAL MORTALITY

Rates per 1,000 total (live and still) births. ..	-
---	---

CAUSES OF DEATH

Disease	Males	Females	Total
Tuberculosis Respiratory	1	-	1
Tuberculosis Other	-	-	-
Syphilitic Diseases	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infection	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other Infective and Parasitic Diseases	-	-	-
Malignant Neoplasm, stomach	5	2	7
Malignant Neoplasm, lung, bronchus	3	1	4
Malignant Neoplasm, breast	-	2	2
Malignant Neoplasm, uterus	-	1	1
Other malignant and lymphatic Neoplasms	17	7	24
Leukaemia, aleukaemia	2	-	2
Diabetes	1	-	1
Vascular lesions of nervous system	25	16	41
Coronary disease, angina	13	6	19
Hypertension with heart disease	1	5	6
Other heart diseases	20	21	41
Other Circulatory diseases	2	7	9
Influenza	1	-	1
Pneumonia	6	-	6
Bronchitis	6	4	10
Other diseases of respiratory system	-	-	-
Ulcer of stomach and duodenum	2	2	4
Gastritis, enteritis and diarrhoea	-	2	2
Nephritis and Nephrosis	1	1	2
Hyperplasia of prostate	-	-	-
Pregnancy, Childbirth, Abortion	-	-	-
Congenital Malformations	2	1	3
Other defined and ill-defined diseases	7	13	20
Motor vehicle accidents	1	-	1
All other accidents	1	2	3
Suicide	1	-	1
Homicide and operations of War	-	-	-
All causes	118	93	211

COMMENTARY ON VITAL STATISTICS.

BIRTHS:

The birth rate of 12.90 is again a little lower. The rates for 1955 and 1954 were 13.45 and 14.0 respectively.

DEATHS:

A death rate of 16.10 shows a considerable fall from the three preceding years, but the change of usage of a proportion of beds at Raikeswood Hospital is no doubt responsible for part of this reduction.

INFANTILE MORTALITY:

The death rate of infants under one year per 1,000 live births was 41 compared with 22, 21 and 21 in the three preceding years. The still birth rate was also higher at 23.12 when compared with rates of 11.21, 21.27 and 26.2 in the preceding years.

MATERNAL MORTALITY:

There were no maternal deaths.

SECTION B.

PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL:

The home nursing, midwifery, health visiting, home help, mental health and ambulance services are provided by the County Council and referred to in the Appendix. Reference will also be found there to clinic arrangements, health education, vaccination and immunisation, and the school health and dental services.

2. LABORATORY SERVICES:

The Public Health Laboratory at Bradford is that to which most samples of water, milk, ice-cream and other foods are sent. It is also used for the examination of pathological specimens, and has the great advantage that collection from buses going to the nearby terminus can be arranged in cases of urgency.

3. HOSPITAL SERVICES:

In the report for last year, details were given of the hospitals provided in this area, and these have again been included. It is not, of course, a complete list, as the hospitals in Leeds, Bradford and elsewhere continue to take their quota of patients, and for two reasons. The first is that only in a few centres in this country can certain specialised units be provided. The second is that the responsibility for referring patients to a hospital rests with the family doctor. Most patients take his advice and go to the hospital which he considers most suitable to deal with them. It would not be appropriate to discuss in this report all the factors in this choice, for they are many and involved. But pertinent to mention that these factors, and others, have been discussed at great length during the year when the upgrading of the Skipton General Hospital has been under review. This upgrading would involve the provision of an additional sixty beds to the existing sixty-four, along with certain other improvements. A larger general hospital already exists in Keighley where it is claimed that an additional sixty beds could be provided more economically, and would make at the same time a hospital of sufficient size to attract the medical, nursing and ancillary staffs which advances in medicine, surgery and obstetrics now require. It is claimed that such a scheme is preferable to dividing the limited resources of the group between two small hospitals, and limited they must be by the comparatively small population in the group. On the other hand, Skipton is a natural geographical centre, and as such has a good claim to make for a better hospital. A decision is therefore difficult and will prove unpopular either at one end of Craven, or the other. At the time of writing this report a compromise appears to have been achieved by the Regional Hospital Board's decision to give high priority to the provision of new X-ray, out-patient, casualty, physiotherapy and pathology departments and a chest clinic at Skipton; the provision of additional beds there to be reconsidered two years after these extensions have been completed.

Medicine is constatly advancing and one relevant and important point might well be made here. That is the fact that both sanatoria in the area now have empty beds, for the first time since they were built. That at Ilkley was able to open wards for the long term sick during the year, an event which seemed highly improbable until very recently.

The need for additional accommodation for the long term sick is obvious from the waiting lists for St. John's and Raikeswood Hospitals. These are always long, particularly for female patients.

There is, however, no shortage of maternity accommodation, for this Division has the highest institutional confinement rate in the Administrative County. The booking arrangements for these beds are now undertaken at the Divisional Health Office, and has obviated the position whereby one maternity unit was often overcrowded and the other half empty.

So far as infectious diseases are concerned, there is an increasing tendency to nurse cases at home, particularly scarlet fever. And there has been no difficulty in securing the admission of other cases.

(Hospital bed table - opposite)

4. BLIND PERSONS:

The statutory definition for the purposes of registration as a blind person under the National Assistance Act, 1948, is that the person is "so blind as to be unable to perform any work for which eyesight is required". Such persons, if aged forty or over, can claim a non-contributory old age pension.

Persons who are not blind within the meaning of the Act but are nevertheless substantially and permanently handicapped by defective vision may be classified as partially sighted and come within the scope of the welfare services which the local authority are empowered to provide for blind persons, but are not eligible for the special pension. There are 39 blind persons in the district, 8 being in hospital. The Blind Persons Teacher exercises supervision and helps with their problems, and specialist examinations are carried out periodically by an ophthalmologist.

Situation	Name	Purpose	Beds
Burley-in-Wharfedale	Scalebor Park	Mental Illness	323
Burnley	Victoria Hospital	General	168
Burnley	General Hospital	General	656
Burnley	Marsden Hospital	Infectious Disease	100
Burnley	Bank Hall Maternity Hospital	Maternity	51
Colne	Christiana Hartley	Maternity	16
Grassington	Grassington Hospital	Chest Diseases	184
Ilkley	Middleton Hospital	-do-	376
Ilkley	St. Winifred's Hospital	Maternity	12
Keighley	Victoria Hospital	General	139
Keighley	St. John's Hospital	Long term sick Maternity	226 24
Keighley	Morton Banks Hospital	Infectious Disease	72
Menston	Menston Hospital	Mental Illness	2,540
Skipton	Skipton General Hospital	General	64
Skipton	Raikeswood Hospital	Long term sick Acute medical	143 28
Skipton	Cawder Ghyll Hospital	Maternity	18
Settle	Castlebergh Hospital	Mental Deficiency	169

4. BLIND PERSONS - continued:

During the year an important report was published entitled "Blindness in England, 1951-54". This shows that in the majority of cases blindness is due to the degenerative changes of old age - cataract, senile macular lesions, and glaucoma; and that women greatly outnumber men. It also points out that some of this blindness is preventable, and that much (particularly cataract) is remediable. To offset that depressing story it is most gratifying to know that blindness in childhood resulting from retrolental fibroplasia, so common in recent years, has virtually disappeared. So has blindness due to ophthalmia neonatorum, syphilis, and meningitis.

5. WATER SUPPLIES:

Mr Robinson, the Engineer and Surveyor, has kindly supplied the following information:-

1. The supply has been satisfactory throughout the area in both quality and quantity.
2. The results of bacteriological examinations of samples taken by the Chief Public Health Inspector are detailed below. Results of samples taken for plumbo solvency are also given.
3. Although the raw water might under certain conditions be plumbo solvent the chemical treatment at Embsay prevents the supply to the town having this effect.
4. No action has been necessary in respect of any form of contamination.
5. Number of dwelling-houses in the Skipton Urban district: 4,592.
Population in the Skipton Urban District: 13,100.
No houses are supplied by means of stand pipes.

A bulk agreement is in operation with the Skipton Rural District Council to supply Embsay village, Halton East and Draughton.

PLUMBO SOLVENCY SAMPLES

		Approximate length of lead service pipe	Lead content grains per gallon	pH Value
28. 3.56.	After standing in pipe all night.	20'	Nil	7.4
10.10.56	After standing in pipe for measured period of $\frac{1}{2}$ hour	20'	Nil	7.4
	After standing in pipe all night.	20'	Nil	6.6
	After standing in pipe for measured period of $\frac{1}{2}$ hour	20'	Nil	6.6

BACTERIOLOGICAL EXAMINATIONS

Town's Water

Date	Number of samples	Mean probable number Bact. coli per 100 ml.	Probable number of faecal coli
<u>Filtered & Chlorinated</u>			
25. 1.56	1	0	0
25. 1.56	1	0	0
27. 3.56	1	0	0
1. 5.56	1	0	-
25. 4.56	1	0	-
27. 6.56	1	8	0
26. 7.56	1	0	-
22. 8.56	1	0	0
5. 9.56	1	0	-
29.10.56	1	0	0
29.10.56	1	0	0
13.12.56	1	0	0

Skipton is fortunate in having an excellent supply of water, thanks to what were called the extravagant ideas of certain councillors who decided upon the construction of the Embsay reservoir many years ago. Other places are in the opposite situation and unable to meet increasing demands, particularly from industry and agriculture. Co-ordination of water undertakings has therefore become an urgent matter, and preliminary meetings have been held during the year, with a view to making better use of available supplies.

Two years ago reference was made in the annual report to the fluoridation of water supplies, and it is of interest that during the present year this was started in four places in Britain. It is expected that these controlled demonstrations will confirm experience in the United States where it has been shown that children drinking water containing one part per million of fluoride during the time their teeth are developing have an incidence of dental caries 60 per cent less than children drinking water with only a trace or no fluoride in it. Although fluoridation is unlikely to be the last word on the subject of dental decay, it is expected to make a valuable contribution in dealing with a national problem.

6. SWIMMING BATHS:

The open-air pool and indoor swimming bath are owned by the Council. The open-air pool has no filtration plant, and effective chlorination is almost impossible, because of its size, construction and depth.

The water in the indoor bath is treated regularly with "Chloros", and although bacteriological results have usually been satisfactory the need for improvements has long been recognised. During the year the Council accepted tenders for new filtration and chlorination and heating plants, and these should be a great advance on existing arrangements.

7. SEWERAGE, DRAINAGE and SEWAGE DISPOSAL:

There is practically a complete system of sewerage in the town. The only extensions of the sewers were in relation to housing development. The new constructions were as follows:- 80 yards of 9" surface water sewer and 80 yards of 9" foul sewer.

The Public Works Department is responsible for the supervision of public sewers, and this department supervises the repair and reconstruction of drains. The public health inspectors made one hundred and fifty-nine visits for the purpose of testing existing drains, and testing and supervising new constructions.

The Sewage Disposal Works are under the control of the Council's Engineer and Surveyor. The methods of treatment were found to be satisfactory.

Closet Accommodation:

Apart from one of the business premises in the built-up area, and the outlying farms, the sanitary conveniences are on the water-carriage system. The pail closets, previously referred to, are inconvertible because of their position in relation to the public sewer

The approximate number of sanitary conveniences in the district is 6,730.

RIVERS AND STREAMS:

The West Riding Rivers Board is the supervisory authority. The department received no complaints of pollution, and no cases came to the notice of the inspectors.

8. ATMOSPHERIC POLLUTION:

The measurement of atmospheric pollution is undertaken by the County Council in conjunction with the Department of Scientific and Industrial Research, and three types of instrument are located at the Divisional Health Office. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO_3) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile	Sulphur in mgms.(SO ₃) per 100 sq. cms. per day	Average daily sus- pended impurity in mgms. per cubic metre.
January	95	24.83	x	22
February	x	x	0.68	24
March	x	x	1.49	26
April	73	19.14	1.42	22
May	32	15.16	0.95	x
June	63	9.26	0.58	x
July	104	22.24	0.40	x
August	112	19.00	0.76	x
September	50	13.88	0.37	x
October	58	18.39	0.44	x
November	28	13.48	0.79	x
December	99	24.29	2.21	x

x No figures available.

In July, 1956, the Royal Assent was given to the Clean Air Bill which was introduced in the previous year, the chief provisions of which were outlined in the Annual Report for that year. This Act is welcome - not as the complete answer to air pollution, but as a definite step forward in an attempt to deal with the problem, and a recognition of its gravity by central government.

More than five million tons of sulphur dioxide, and three million tons of smoke, grit and dust are discharged annually into the air of Great Britain and, when meteorological conditions are favourable, form a lethal aerosol. The deadly effects of smog are now well established, but the effects of long continued atmospheric pollution are even more serious. The mortality from bronchitis in England and Wales is 20 to 50 times greater than in Scandinavian countries, where little coal is burnt. In industrial areas, mortality is two to four times as great as in the countryside, with peak rates in the conurbations of Manchester, Liverpool and Sheffield. On the material, as distinct from the human aspect, the economic loss to the country runs into millions of pounds every year.

9. FOOD HYGIENE:

The annual increase in the incidence of food poisoning continues. In England and Wales in 1955, 8,961 food poisoning incidents were reported, an increase of 49 per cent over 1954. The incidents comprised 612 general outbreaks, 723 family outbreaks, and 7,626 sporadic cases. The main increase was in salmonella infections, and gave further emphasis to the frequency with which egg products have been found to be contaminated with these organisms. Duck eggs have been mentioned in previous reports. More recently frozen whole eggs, and frozen or dried egg albumen from China have been repeatedly incriminated as carriers of these germs, as well as those of paratyphoid. So long as the distribution of contaminated foodstuffs is permitted food poisoning will persist, despite the latest food hygiene regulations. Although their strict observance will help to reduce the food poisoning due to other organisms such as staphylococci and Clostridium welchii.

Whilst the annual increases in food poisoning may be partly due to more prompt recognition, better notification, and increased laboratory facilities, there is no doubt a great deal which still goes unreported. And when reviewing this subject it is disturbing to realise that more and more food preparation is escaping from the domestic kitchen into the hands of the bulk commercial manufacturers. Methods comparatively harmless in the domestic kitchen are fraught with risk when practised in the communal kitchen. Prepared foods are now produced on an extensive scale with increased risk of contamination. Changing food habits whereby so many people take meals outside their homes also adds to the numbers at risk. There is an absolute need of much higher standards of storage, preparation and cooking in these factories, canteens and hotels, etc., which investigation of food poisoning outbreaks shows are often not reached.

10. NATIONAL ASSISTANCE ACTS, 1948 and 1951:

These Acts provide for the removal to hospital or other suitable place, of persons suffering from grave, chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves, and are not receiving from other persons proper care and attention. Under the first Act application for removal is made to a Magistrate's Court; under the second an order can be made by a local Justice of the Peace, and is used in cases of urgency. However, it is only as a last resource that these powers are used, where there is complete lack of home care and where the individual refuses to go to hospital or Part III Accommodation, despite every effort being made to persuade them or otherwise provide for them. It was not necessary to invoke these powers during the year.

11. CREMATION:

Cremation continues to make steady progress in providing a simple, hygienic, reverent and complete method of disposal of the dead. Although the number of crematoria is still comparatively small and they cannot conveniently serve all parts of the country, the number of cremations in Great Britain expressed as a percentage of total deaths increased from 4.31% in 1941 to 24.37% in 1955.

The Skipton crematorium was opened on the 30th May, 1952, and between that date and the end of 1956 well over four thousand cremations have taken place.

The Medical Officer of Health is the medical referee to the crematorium, assisted by a deputy as required.

SECTION C.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

1. DIPHTHERIA:

The incidence of this preventable disease is now very greatly reduced in this country, and no case of diphtheria has been notified within the district for several years. It is therefore only a name to many people today, and not the disease so feared by parents before large scale immunisation was introduced some fifteen years ago. But outbreaks can still occur, and during the past five years have occurred in Birmingham (105 cases), Coseley (66 and 38), Darwen (59), Dudley (12), and Hull (where there were 17 cases in 1955). Although our immunisation rate is above the national average it cannot be regarded as satisfactory until every child is immunised, in infancy and again during school life. The Divisional statistics for this procedure are given in the Appendix to this Report.

2. POLIOMYELITIS:

1956 was not an epidemic year, and no case was notified in the district. But it was marked by the introduction of vaccination, further reference to which will be found in the Appendix.

3. WHOOPING COUGH:

33 cases were notified, compared with 4, 7, 25, 21 and 35 in the preceding years. Other cases may have occurred but escaped notification because of their mild nature, being modified by vaccination. According to results published during the year of a large scale trial organised by the Medical Research Council, substantial protection which is maintained for at least two and a half to three years can now be achieved by vaccination. Vaccination should be given early, for it is babies and young children who suffer most severely from this disease, and its complications.

4. DYSENTERY:

Although only two cases were notified, others may well have occurred, as this disease now appears to be widespread in England, particularly in primary schools and nurseries. The increase in notifications in recent years may be due in part to improved diagnostic facilities, and to increasing attention being paid to what older generations may have regarded as a comparatively minor illness. But that is not likely to be the full explanation, particularly when it is now known that it is a highly infectious disease where the causative germs are readily spread by contaminated things such as water-closet seats and dust nearby, bedding, toys and other objects in communal use. In this, as in other intestinal diseases, control can only be achieved at present by scrupulous attention to personal hygiene.

5. SCARLET FEVER:

Only 4 cases were notified compared with 4, 7, 25, 21, and 35 in the preceding years. Since the beginning of this century the incidence of scarlet fever has fluctuated, with a marked drop in notifications in the past eight years. It is now very rarely fatal thanks to modern treatment and the prevailing mild type of disease. But in view of past fluctuations in behaviour it is by no means certain that the temperament of this disease will continue to be mild. Furthermore, it is now well recognised that certain strains of streptococci (the causative germs) are likely to produce nephritis as a complication.

6. MEASLES:

Only one notification was received compared with 111, 59, and 336 in the three preceding years. Measles is a virus disease spread directly from person to person. The patient is highly infectious for several days before the rash appears, so control is very limited. It is therefore fortunate that, like scarlet fever, the fatality rate has been steadily falling. The tendency for measles to occur in biennial outbreaks is well illustrated by the figures given.

7. TUBERCULOSIS:

Tuberculosis is the most important communicable disease of our time. The statistics for England and Wales for the past six years are as follows:-

<u>Year</u>	<u>Deaths</u>	<u>Notifications</u>
1949	19,908	52,041
1950	15,969	49,358
1951	13,806	49,440
1952	10,585	48,093
1953	8,902	46,546
1954	7,897	42,348
1955	6,543	38,838

Whilst the considerable reduction in deaths must be regarded with some satisfaction, it must also be remembered that tuberculosis has been known to be a preventable disease for almost a century. The reduction in notifications is less spectacular, but that is to be expected when attention has been given to the discovery of hitherto unknown cases by the use of mass radiography and tuberculin testing in recent years. Whatever ground for optimism these statistics may give, the fact remains that there are probably a quarter of a million tuberculous patients in the community at present, a considerable percentage of which are not notified and probably infectious cases. Such cases, and a high proportion are elderly people, can therefore still go about spreading the disease, and it is upon them which attention must be focussed.

The contacts of every newly notified case of tuberculosis are therefore investigated, both at home and at work, to try and find out where the patient acquired his infection. All such contacts are offered a chest X-ray, but as attendance cannot be enforced, the position cannot be regarded as satisfactory. In addition, there are the Mass Radiography Units touring the country, inviting people to their public sessions, and inviting all employees for a chest X-ray at factories, works, etc. The response is often disappointing, although these units do find an average of between two and three unsuspected cases of active tuberculosis per thousand people examined.

In certain types of employment, particularly those associated with children, a satisfactory chest X-ray may be a condition of employment, but in few instances is this made an annual requirement. In some areas, but not in this as yet, arrangements exist for every expectant mother to have an X-ray, as this has been found well worth while.

Reference, by their family doctors, of all elderly people with chronic coughs, has also proved its value. Whilst efforts to trace the sources of infection are this limited by the fear of introducing any element of compulsion, other countries insist on all immigrants being X-rayed and have introduced much more satisfactory methods of control.

During the year a mass radiography unit of the Leeds Regional Hospital Board visited the Division and a brief report on the findings is as follows:-

	Males	Females	Total
1. Examinations carried out:			
(a) Minature X-rays taken	2,796	1,330	4,126
(b) Large X-rays taken	73	22	95
2. Analyses of provisional findings:			
(a) Cases of active tuberculosis	5	3	8
(b) Cases of inactive tuberculosis	22	3	25
(c) Other abnormalities	30	3	33
(d) Failed to re-attend for large film	2	-	2

Reference was made in the last Report to the use of tuberculin tests on school entrants, and at "birthday" examinations at child welfare clinics. These tests have been continued in the belief that although few unknown cases have been discovered, the discovery of every case is vitally important. The basis of these tests is that all such children ought to give a negative response to a tuberculin test. If they give a positive, search can be made amongst the contacts, for at that age they are likely to be few and mainly confined to the family

group. In the examination of these "positives" and their contacts, and in other matters, we are indebted to the Chest Physician for his close and continued co-operation.

Having, by one means or another, discovered the new case of tuberculosis, or the hitherto unknown source of infection, treatment is instituted. New drugs have revolutionised the treatment, and greatly improved the prognosis; and as there are empty beds at both local chest hospitals admission can be arranged immediately if required.

Prevention of the spread of infection can now be organised by the education of the patient and his family, and in this the health visitors play an important part. Housing conditions can be improved, as can nutrition by the provision of extra milk. The unemployed tuberculous are entitled to additional sickness benefits, and are advised on future employment when they are fit for work.

In the Appendix to this Report statistics relating to B.C.G. vaccination of school children will be found. And it is appropriate to mention here that it is a form of artificial immunity offered, at present, to thirteen year old children who are found by testing to be tuberculin negative, the implication being that they have not acquired the infection and a degree of natural immunity in earlier life. Such children are at particular risk during adolescence, and recent experience shows that B.C.G. vaccine gives them a considerable degree of protection for at least four years, and perhaps longer. This form of vaccination is also given by the Chest Physician to children, from the newly born upwards, who are or are likely to be exposed to infection. Such children being those with a case of tuberculosis in the family group, irrespective of whether such case is active or inactive.

Statistics for the district are as follows: 13 cases of tuberculosis were notified compared with 9, 14, 16 and 15 in the preceding years. 19 patients were admitted to chest hospitals during the year, and 14 discharged. 111 cases remained on the register at the end of the year.

8. OTHER DISEASES:

One notification of acute encephalitis was received, and two of food poisoning. Meningococcal infection, which is still a fatal disease for those under five years, was not notified. Neither were the typhoid or paratyphoid fevers, where much of the infection now comes from abroad, either through contaminated foodstuffs, or as cases amongst returning holiday-makers.

THE FOLLOWING REPORT IS FURNISHED BY
E. HARGREAVES, CHIEF PUBLIC HEALTH INSPECTOR.

INSPECTION OF THE AREA

Summary of the inspections made during the year:-

Premises:-

Public Health defects	409
Housing Acts	335
Factories - mechanical & non-mechanical	102
Outworkers' premises	13
Workplaces	24
Drainage	159
Rodent Control	113
Offensive Trades	2
Smoke Abatement	66
Rag Flock Act	4
Pet Animals Act	4
Shops Act	69
Movable Dwellings	1
Places of Entertainment	52
(Public Houses, Refreshment Houses, etc.)	
Schools	14
Alleged filthy & verminous premises	1
Hairdressers & Barbers	2
Pig Sties	14
Council Tips	89
Dairies	8
Meat & Other Foods	519

Food Businesses:-

Public houses, hotels & restaurants	162	
Hospital kitchens	3	
Canteen kitchens	16	
Preserved foods	46	
Bakehouses	79	
Butchers	42	
Fish fryers	18	
General Food Shops & Stores	182	
Food stalls and vehicles	34	
Ice-cream premises & stalls	59	641
Food poisoning investigations		4

Samples:-

(a) Milk	-	bacteriological	88
(b) Ice-cream		-do-	45
(c) Frozen eggs, and		-do-	
Confectionery containing frozen eggs			4
(d) Town's water supply:-			
	(i)	bacteriological	12
	(ii)	plumbo solvency	4

Swimming Baths:-

	(i)	Indoor bath		
		bacteriological	43	196
Infectious disease investigations				7
Interviews on premises with owners, agents & contractors				261
				<u>3,109</u>

RODENT CONTROL:

This work was carried out by the staff of the department, under the supervision of the Public Health Inspectors. A number of firms have contracts with operators who specialise in disinfection work.

The following premises were treated for infestation by rodents:-

<u>Rats</u>		<u>Mice</u>	
Council properties	2	Council property	2
Public buildings	1	Public buildings	2
Business premises	4	Business premises	1
Food premises	1	Food premises	2
Beck course	1	Schools	2
Dwelling-house	1	Dwelling-house	1
Dwelling-house garden	1		
Farm buildings, pig-sties, etc.	3		

Offensive Trades:

There were three offensive trades on the register. Two rag and bone dealers and one tripe boiler.

The tripe boiling was carried out at the Council's slaughterhouse, and was visited regularly by the public health inspectors. The other trades were satisfactorily conducted.

SMOKE ABATEMENT:

Sixty observations, each of 30 minutes duration, were made of the smoke emitted from factory chimneys, and in two instances black smoke was emitted in such a quantity as to be a nuisance. Statutory notices were served under the provisions of the Public Health Act, 1936, and this action resulted in an improvement.

On these and other occasions when it was observed that black smoke was being emitted, the premises concerned were visited. In all cases the emissions of black smoke were due to unsatisfactory firing and management of plant.

In December, the Minister of Housing and Local Government laid before Parliament an Order bringing into effect the following provisions of the Clean Air Act, 1956:-

- Section 3. Requiring all new furnaces (except domestic) to be as far as practicable smokeless.
- Section 10. Local authorities to approve heights of new chimneys, other than those of residences, shops and offices.
- Section 11. Powers of local authorities, subject to confirmation by Minister, to declare the whole or any part of its district as a smoke control area.
- Section 18. Requiring the owner of a coal or shale mine or quarry to employ all practical means for preventing the combustion of deposited refuse.
- Section 24. Building byelaws may require the provision in new buildings of such arrangements for heating or cooking as are calculated to prevent so far as practicable the emission of smoke.

Improvements will naturally have to be gradual, and there can be many factors affecting progress. Results will be governed by the time available to inspectors to concentrate on the work; the supply and price of smokeless fuels; and the rate of replacement of appliances. There must of course be sufficient finance to carry out improvements and a great deal will depend upon public support.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951:

The object of the above Act is to secure the use of clean filling materials in any form of upholstering, the stuffing or lining of bedding, toys, baby carriages, etc. Registers must be kept by the manufacturer and user, so that materials may be traced to their source.

There were four premises on the Register, and the work carried out was mainly the remaking and reconditioning of articles. On inspection it was found that the filling materials in use, and the premises, were clean, and proper registers were being kept.

PET ANIMALS ACT, 1951:

Local authorities have powers under the 1951 Act to control these premises, as to the accommodation, temperature, lighting, ventilation, cleanliness, control of infectious diseases, fire precautions and the supply of feeding stuffs and drink.

Three licences were granted. Dogs, fish and birds were kept on the premises, and the conditions were found to be very good.

MOVABLE DWELLINGS:

Under Section 269 of the Public Health Act, 1936, one licence was granted for a movable dwelling to be kept on land off Sackville Street. There was a water-closet and an adequate supply of town's water within close proximity to the dwelling. The dwelling was very clean, and there was no overcrowding.

PLACES OF ENTERTAINMENT:

(Public houses, refreshment houses, etc.)

Section 89 of the Public Health Act, 1936, requires the owner or occupier of these premises to provide and maintain such numbers of sanitary conveniences for the use of persons frequenting the premises as may be reasonable.

Fifty-two inspections were made, and the general standard of cleanliness of the conveniences was found to be high.

One restaurant and two public houses were provided with new internal water-closets and wash-hand basins. At one restaurant, one public house, and one club the sanitary conveniences were repaired. Plans were prepared for the provision of male conveniences at another public house.

SCHOOLS:

There are eleven schools in the area to which fourteen visits were made to inspect the sanitary conveniences. New water-closets and wash-hand basins were provided at one school, and new conveniences were in course of construction at another. At a further school new wash-hand basins were installed. School conveniences were found to be better supervised in relation to cleanliness and construction.

MEAT FOR FEEDING ANIMALS:

Byelaws made under section 77 of the West Riding (General Powers) Act, 1951, require the sterilisation of meat sold for consumption by dogs, cats and other animals. Sterilised meat was sold at two shops in the area, and no contravention of the byelaws came to the notice of the department.

KEEPING OF ANIMALS:

Premises where animals are kept are controlled by byelaws made under section 81 of the Public Health Act, 1936.

There were nine piggeries, but there were only four in constant use. The conditions at one piggery were unsatisfactory. The liquid manure sumps were allowed to overflow, manure was not removed regularly, and the sties were dirty. After repeated warnings, and a visit by Members of the Health Committee, conditions improved. Plans were submitted by the pig-keeper concerned for new buildings. It is hoped that the new constructions will bring about a permanent improvement.

REFUSE COLLECTION AND DISPOSAL:

Three Karrier Bantam, side loading vehicles of 7 cubic yards capacity, with trailers attached, were in regular service for the collection of refuse, and one additional vehicle was retained in case of the breakdown of one of the vehicles in regular use. The personnel of the department were as follows:- three drivers, seven loaders, two paper balers and relief loaders, and one tipman.

A charge was made for the collection of trade refuse, based on the average total amount of refuse collected from each of the trade premises. The contents of one dustbin were collected free of charge each week, and additional dustbins at the rate of 4d. each. A charge of £1. 2. 6d. was made for the collection and disposal of one vehicle load, and 1/6d. a load for disposal only.

A seven to nine days collection was maintained, apart from occasional delays owing to shortage of labour and holidays. The sickness rate was high again, amounting to 2,339 man hours.

Collections in the central area have been slightly reduced by the demolition of unfit houses, but, on the other hand, have greatly increased on the new housing estates, involving additional mileage by the vehicles, and carrying by the loaders.

The nett cost of collection and disposal was £5,170. 0. 11. or approximately £1. 1s. 0d. per annum for refuse collected from each property.

Salvage has again provided a good source of income. From the sale of salvage, workmen benefitted by an average weekly bonus of approximately 5/8d.

Controlled tipping was continued on land off Ings Lane. Mechanical equipment was hired for the removal of soil from tipping areas of land, grading the surface of the finished tips, and for spreading the soil removed on to the graded area, ready for cultivating and sowing down.

There was a regular collection of kitchen waste from the 180 bins deposited and maintained by a pig-keeper. The pig-keeper was responsible for all expenditure incurred, and paid to the Council £50 for the privilege.

The weights of the materials salvaged were as follows:-

1st January - 31st December, 1956.

<u>Description</u>	<u>Weight</u>			
	T.	C.	Q.	lbs.
Baled Waste paper	231.	11.	2.	0.
Baled fibreboard	10.	13.	3.	0.
Black scrap	2.	15.	1.	0.
Light scrap	2.	15.	0.	0.
Copper		1.	2.	23.
Lead		1.	2.	21.
Aluminium			3.	21.
Brass		2.	0.	2.
Carpets		15.	2.	0.
Rags		10.	2.	0.
	249.	7.	3.	11.
Kitchen waste (approximately) ..	90.	0.	0.	0.
	339.	7.	3.	11.
Total 1955:-	386.	1.	0.	9.

COST OF REFUSE COLLECTION AND DISPOSAL

1st April, 1955 - 31st March, 1956.

These figures are calculated on a statement furnished by the Treasurer to the Council.

Loads of refuse removed 2,352

EXPENDITURE

Refuse Collection and Motor Vehicles

	£.	s.	d.	£.	s.	d.	£.	s.	d.
Wages	4,193.	16.	1.						
Sick Pay & Holiday Pay	440.	6.	3.						
National Insurance	147.	11.	1.						
Superannuation									
Contributions	107.	1.	0.						
Additional Superannuation									
Allowances	57.	10.	9.						
Motor Vehicles, repair									
and maintenance	612.	9.	11.						
Renewals Contribution,									
motor vehicles	380.	0.	0.						
Rent, licences and									
insurances	256.	13.	0.						
Implements, tools &									
protective clothing	25.	16.	10.						
Rent & insurance	21.	7.	10.						
Other Expenses	3.	0.	11.						
				6,245.	13.	8.			

Refuse Disposal

Wages & Expenses -Salvage	982.	5.	8.
Wages - Tip	371.	2.	7.
Sick Pay & Holiday Pay	47.	0.	2.
National Insurance	14.	10.	0.
Superannuation			
Contributions	17.	5.	6.
Repair & Maintenance	127.	12.	11.
Resoiling & levelling tip	265.	15.	8.
Rent, rates & insurance	76.	15.	9.
Other Expenses	18.	11.	9.

1,921. 0. 0.

GROSS COST 8,166. 13. 8.

	£.	s.	d.	£.	s.	d.	£.	s.	d.
Brought forward							8,166.	13.	8.

INCOME

Refuse Collection:

Charges, Trade Refuse	250.	16.	6.
-----------------------	------	-----	----

Salvage

Waste paper	2,390.	4.	5.
Other salvage	131.	3.	7.
Kitchen waste	50.	0.	0.

2,822. 4. 6.

Motor Vehicles

Hire Charges	148.	16.	0.
--------------	------	-----	----

148. 16. 0.

Refuse Disposal:

Tip rents & charges	25.	12.	3.
---------------------	-----	-----	----

25. 12. 3.

2,996. 12. 9.

NETT COST 1955 - 1956

5,170. 0. 11.

NETT COST 1954 - 1955

4,711. 11. 8.

£. s. d.

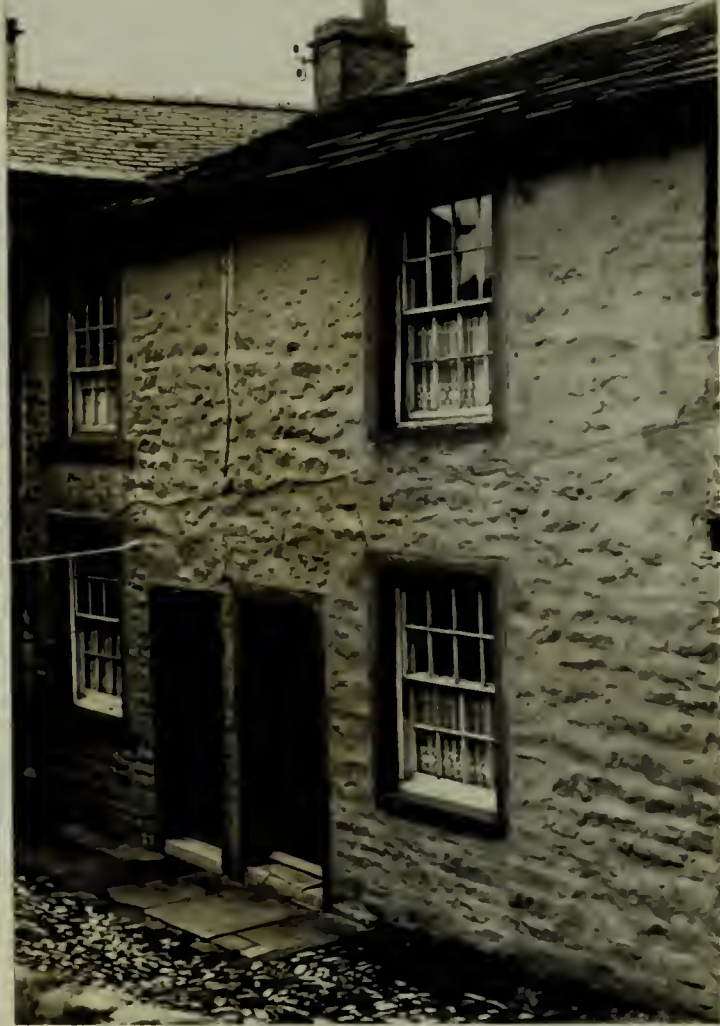
Average nett cost per load	2.	3.	11.5
Average nett cost per ton	1.	1.	11.7

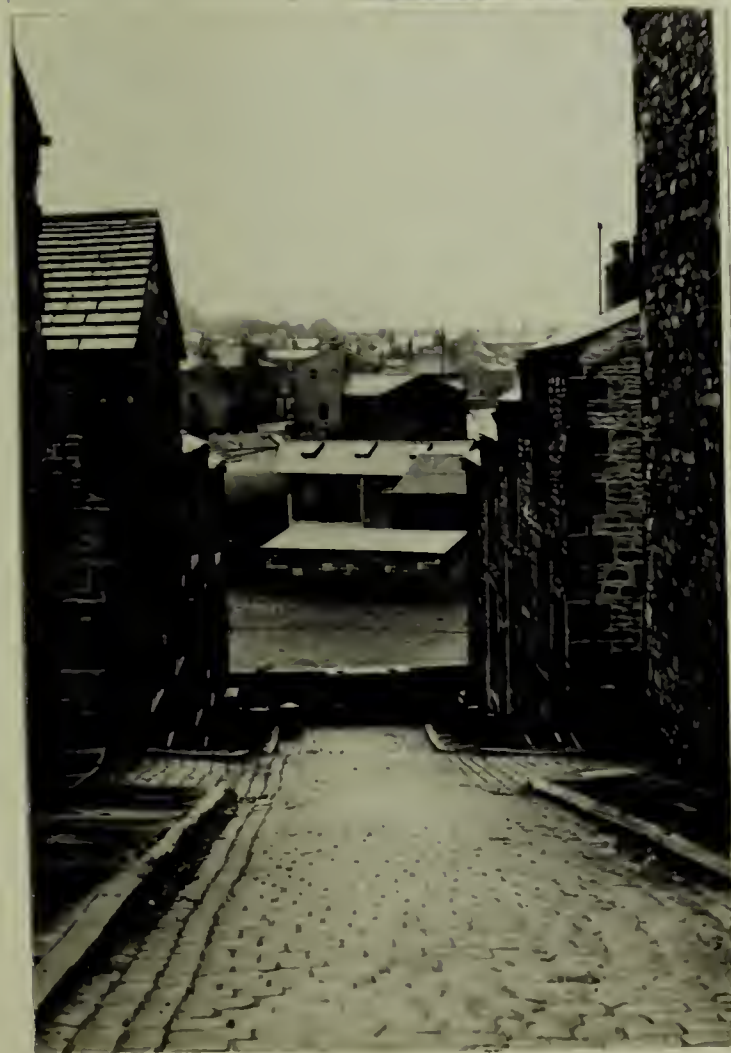
(1 load estimated to weigh 2 tons).

HOUSING

On the plan submitted to the Minister of Housing and Local Government in January, 1955, it was proposed to deal with 348 unfit houses within 5 years. In December, 1956, action had been taken under parts 2 and 3 of the Housing Act, 1936, in respect of 214 houses. One public inquiry and two hearings were held to consider objections by owners to clearance orders on properties in Roger's Yard, Albert Street, Bunker's Hill and Back Water Street.

The following are particulars of the houses in Clearance Areas, and other houses dealt with. The photographs are of houses situated in the following Clearance Areas:- Roger's Yard, Canal Street (No.2. Area), Otley Road, Chancery Lane, Newmarket Street, Crossley Place, Canal Street (No.1. Area).





HOUSING ACT, 1936 and HOUSING REPAIRS & RENTS
ACT, 1954.

Houses in Clearance Areas and Unfit Houses elsewhere.

1st January, 1956 - 31st December, 1956.

Clearance Areas	Demolished		Orders Confirmed Awaiting demolition	
	Houses	Other Buildings	Houses	Other Buildings
<u>Informal Procedure</u>				
York Place and Waller Hill	5			
Union Square and Back Bridge Street	18			
<u>Formal Procedure</u>				
Back Bridge Street	9			
Victoria Street	8			
Millbridge	3			
Cook's Yard, Roger's Yard and Albert Street (11/13)	8	1	6	5
Albert Street	15			
Bunker's Hill	2		2	
Mount Pleasant	2			
Canal Street (No.1.)	2			
Canal Street (No.2.)	3	2		
Back Water Street			5	
Chancery Lane			17	
Crossley Place (Awaiting confirmation by Minister)			22	
<u>Not in Clearance Areas</u> <u>Section 11, Housing</u> <u>Act, 1936.</u> <u>Informal Procedure</u>				
Otley Road			7	
Watson's Houses	1			
Tonnage House			1	
Wesley Place			3	
	76	3	63	5

Unfit Houses Closed	Number of Houses	Remarks
<u>Formal Procedure</u>		
Commercial Street	2	Situated in a future Clearance Area
Eastgate	1	-do-
Westgate	1	-do-
Canal Street	1	-
Stockdale Yard	1	-
<u>Schemes Approved by Local Authority</u>		
6, Back Water Street	1	Ground floor converted to garages. First floor added to shop premises.
Kendall's Yard (in progress)	5	To partly demolish and convert to furniture showrooms.
Hardcastle's Yard	6	Conversion to printing premises.
Otley Road (Plans approved)	2	Partly demolish and convert to shop premises.
4, Watson's Houses (completed)	1	Reconditioned and included in public house premises.
Unfit Houses made Fit & Houses in which defects were remedied by owners.		
After informal action by local authority	35	
After formal notices under (a) Public Health Acts (b) Housing Act, 1936	8 -	
Purchase of Houses by Agreement		Other Buildings
Houses in Clearance Areas other than those included in confirmed Clearance Orders		
Newmarket Street Area	21	3

INSPECTION & SUPERVISION OF FOOD

MILK SUPPLY:

The Milk and Dairies Regulations, 1949 - 1954.

Number of milk distributors on the register . . . 19

Number of dairy farmers from outside the urban district distributing milk in the district . . . 2

The Milk (Special Designation)(Raw Milk) Regulations, 1949 & 1950.

Number of licences in force to use the designation "tuberculin tested" in relation to milk obtained in bottles and retailed in the area . . . 7

The Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949-53.

Number of dealer's licences in force to use the following designations:-

(a) tuberculin tested 'pasteurised'	15
(b) pasteurised	14
(c) sterilised	13

The Ministry of Agriculture and Fisheries is responsible for the supervision of the production, and the local authority the distribution of milk.

Milk was distributed in bottles to dwelling-houses and smaller premises, and to the larger premises in sealed churns.

There was one dairy in the area, which was used as a receiving and distributing depot. Empty bottles and churns were returned to the dairy, and removed for cleansing and sterilisation to a central dairy in the rural district. The remaining bottles and churns were returned for cleansing and sterilisation to producer's premises.

There was only one distributor of ungraded milk. The number of complaints as to the quality of the milk supply was negligible. The improvement was no doubt attributable to the sale of designated milks.

Eighty-eight samples were taken and submitted to the methylene blue test. The test indicates the probable keeping quality of milk.

Type of Milk	Number	Satisfactory	Unsatisfactory
Tuberculin tested	25	25	-
Tuberculin tested 'pasteurised'	32	32	-
Pasteurised	15	15	-
Pasteurised (schools)	7	7	-
Ungraded	9	8	1

SLAUGHTERHOUSES

The slaughtering of animals is carried out in the public slaughterhouse. There are no other registered or licenced slaughterhouses in the urban area.

The slaughterhouse has been modernised, and the meat is slaughtered and handled under hygienic conditions. The cooling hall has hanging space for approximately 60 beef carcasses. In the pig slaughterhouse there are two scalding tanks, and 100 overhead runners. There is a separate building for the slaughtering and hanging of sheep, and another building, not at present in use, which could be adapted at reasonable expense. At present, the slaughterhouse serves a population of approximately 20,000, and is so designed that twice that number could be served.

Transport of Meat

A greater part of the meat was transported by a contractor. Two metal lined vans, fitted with movable duckboards, were used. The vans were regularly cleansed with hot water, containing a detergent. The rest of the meat was delivered in vans which complied with the regulations, and they were kept in a clean condition.

Slaughter of Animals (Amendment) Act, 1954.

Slaughter of Animals (Prevention of Cruelty) Regulations, 1954-55.

A modern cattle stunning pen and a stunning cubicle for sheep are provided. Cattle are stunned with a captive bolt pistol, and sheep with electrically operated tongs.

Animals confined in lairage for over 12 hours were provided with food and water, and the other provisions of the Act and Regulations were complied with.

Thirty applications were made for slaughtermen's licences, and twenty-two licences were granted to slaughter all animals, and eight were issued stipulating conditions.

The following tables show the animals slaughtered, inspected and condemned:-

ANIMALS SLAUGHTERED

Month	Cattle	Calves	Sheep & lambs	Pigs	Total
January	148	10	504	257	919
February	118	7	353	225	703
March	139	8	308	225	680
April	149	6	303	237	695
May	122	7	332	208	669
June	114	1	535	178	828
July	136	4	780	176	1,096
August	126	3	698	199	1,026
September	128	4	699	191	1,022
October	179	6	779	268	1,232
November	141	4	575	224	944
December	149	4	494	375	1,022
Totals: 1956	1,649	64	6,360	2,763	10,836
Totals: 1955	1,601	104	5,442	2,902	10,049

WEIGHT OF MEAT AND ORGANS CONDEMNED

T. C. Q. lbs.

Cattle:

7 whole carcasses 1. 9. 2. 1.
14 part carcasses 9. 3. 25.

Calves:

9 whole carcasses 2. 3. 8.

Sheep:

24 whole carcasses 8. 2. 27.
4 part carcasses 1. 6.

Pigs:

3 whole carcasses 2. 3. 14.
34 part carcasses 4. 0. 27.

Heads and tongues of all animals
(except pigs) ...

Edible offal and fat 3. 19. 1. 1.

7. 12. 3. 27.

CARCASES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	1,011	638	64	6,360	2,763
<u>All diseases except tuberculosis and cysticerci</u>					
Whole carcasses condemned	1	3	9	24	3
Carcases of which some part or organ was condemned	339	202	-	99	188
Percentage of the number of carcasses inspected affected with disease other than tuberculosis	33.63	32.13	14.06	1.93	6.91
<u>Tuberculosis only</u>					
Whole carcasses condemned	3	-	-	-	-
Carcases of which some part or organ was condemned	26	124	-	-	35
Percentage of the number inspected affected with tuberculosis	2.87	19.43	-	-	1.26
<u>Cysticerci only</u>					
Carcases of which some part or organ was condemned	10	-	-	-	-
Carcases submitted to treatment by refrigeration	10	-	-	-	-
Generalised and totally condemned	-	-	-	-	-

The condemned meat was stained with a green dye, and was sold to a contractor who processed it under steam pressure.

OTHER FOOD FOUND UNFIT FOR HUMAN
CONSUMPTION AND DISPOSED OF BY
BURYING IN THE COUNCIL'S REFUSE TIP.

Food in tins or glass containers:-

<u>Meat</u>	<u>Milk</u>	<u>Vegetables</u>	<u>Fruit</u>	<u>Soup</u>	<u>Fish</u>
146	46	159	112	8	21
		<u>Stew</u>	<u>Miscellaneous</u>		
		12	107		

Other food:

Cheese	2 lbs.
Dried milk powder.....	56 lbs.
Prunes	30 lbs.
Frozen peas	22 lbs.
Beef	133 lbs.
Fish cakes	20 lbs.

FOOD PREMISES:

Food and Drugs Act, 1955
Food Hygiene Regulations, 1955.

Section 16 - Registered Premises.

	<u>Number</u>
1. Preparation and manufacture of sausages, potted, pressed, pickled and preserved food:	7

In the preserved food premises improvements were carried out and additional washing facilities etc., were provided to comply with the Food Hygiene Regulations, 1955.

2. (a) Manufacture, storage and sale
of ice-cream: 2

(b) Storage and sale of ice-cream: 45

In two premises, ice-cream was manufactured by the hot-mix process. The equipment required under the provisions of the Ice-cream (Heat Treatment) Regulations, 1947-1952, was installed.

In premises used for the storage and sale of ice-cream, electrical refrigerators are installed.

All the ice-cream sold, except from local manufacturers, was pre-wrapped.

The vans from which ice-cream was sold were equipped with thermal heaters and wash-hand basins.

The proprietors of the registered premises were most co-operative with the department, and there was a general desire to sell a clean commodity.

Forty-five samples were submitted to the laboratory for bacteriological examination and the results were as follows:-

<u>Provisional Grades</u>				<u>Result</u>
1.	2.	3.	4.	
38	7	Nil	Nil	Satisfactory

<u>Other Food Premises</u>	<u>Number</u>
Hotels & public houses (serving meals)	10
Public houses.....	17
Clubs ;.....	4
School kitchens	8
Hospital kitchens	3
Factory canteen kitchens	3
Restaurants	12
Fish fryers	8
Chocolate manufacturing	1
Retail grocery	60
Wholesale grocery	4
Confectionery - retail	1
Bakeries and retail shops	12
Bakeries - wholesale	2
Cooked meats	1

Other Food Premises - continued

	<u>Number</u>
Tripo, etc.	1
Orange squash manufacturers	1
Bottling of beer and wines	1
Chocolates & sweets - retail	13
Fruit, greengrocery and fish	5
Fruit and greengrocery	6
Butchers	14

Stalls:

Fruit and greengrocery	6
Fishmonger	1
Cooked meats	1
Confectionery - biscuits	1
Snack bar	1

Hawkers of Food:

Fish and greengrocery	2
Fishmonger	1
Grocery	3
Meat	3

Six hundred and forty-one inspections were made.

During the last six years, considerable improvements have been carried out in food premises. Progress is most marked in retail shops. Premises are cleaner and food is better protected from contamination by the public. Fewer dogs are now seen in food premises, but there are still a few people who ignore the request to leave their dogs outside food shops, thus continuing to be a potential danger to other customers.

Stalls were the most difficult to control, because they were only used on certain days of the week, and the constructions were of a temporary nature. However, stallholders were required to have available on the stall towels, soap and nail brushes, and to provide written authority from shop-keepers in the vicinity, permitting them to use their washing facilities and sanitary conveniences. Hawkers of food were also required to carry towels, soap and nail brushes on their vans. One stall was used for the sale of food for immediate consumption. The construction of the stall was of wood, and a water-storage heater over a sink was installed. Two containers were provided containing cold water for refilling the heater as and when necessary.

The sanitary conveniences and washing facilities at a shop in close proximity to the stall were used by the stall-holder.

Generally, the department received co-operation from the proprietors of food premises, but the good work done in modernising and providing additional facilities in the shops can soon be undone by the continued apathy and ignorance of some food-handlers. In many instances it was observed that although wash-hand basins had been provided in premises, very little use was being made of them. Food poisoning outbreaks are in many cases caused by the neglect of the individual in the simple practice of personal hygiene. It is felt that the education of the food-handlers alone will not achieve the desired results; legal action is the only answer against those who continue to ignore the Regulations. Many of the larger firms now realise that good hygiene is good business.

Following the coming into operation of the Food Hygiene Regulations, a detailed survey of all food premises in the district was made, and at the end of the year, work was outstanding on the following premises:-

General food shops and stores	19
Butchers' Shops	7
Bakehouses	4
Public houses	1
Fish Fryers' shops	4
Factory Canteens	1
Hospitals	1

The following are details of the improvements carried out at the request of the department:-

	Hotels, Public Houses, Rest- aurants	Canteens	Pres- erved Foods	Bako- houses	Butchers	Fish Fryers	Ice- Cream Prem- ises	General food shops & stores	Food Stalls
Personal washing facilities:									
(a) wash-hand basins	7	1	8	10	4	2	1	11	
(b) hot & cold water	9	-	11	10	2	2	2	12	1
Refrigerators provided	2	-	-	-	-	-	-	-	-
Facilities for washing food and equipment - sinks	6	-	2	7	1	-	-	3	-
New sanitary conveniences installed	6	-	1	2	-	-	-	3	-
Artificial lighting provided in sanitary conveniences	4	-	5	8	2	3	-	6	-
Sanitary conveniences repaired & decorated	3	-	1	2	2	1	2	8	-
Accommodation for clothes provided	8	-	5	5	-	-	1	6	-

	Hotels, Public houses, Rest- aurants	Canteens	Pres- erved Foods	Bake- houses	Butchers	Fish Fryers	Ice- Cream Prem- ises	General food shops & stores	Food Stalls
Tables covered with non-absorbent mat- erial or renewed	8	1	1	4	-	-	-	1	-
Floors relayed or repaired	1	-	1	3	-	-	-	1	-
Floors covered with linoleum	4	-	-	-	-	-	-	-	-
Walls & ceilings replastered	6	-	1	1	2	-	-	2	-
Walls cement rendered	-	-	2	-	-	-	-	-	-
Walls & ceilings decorated	5	1	-	3	1	-	1	9	1
First-aid equip- ment provided	11	1	-	8	3	-	1	4	-
Prover cabinets & racks renewed	-	-	-	2	-	-	-	-	-

WEST RIDING COUNTY COUNCIL

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1956.

CONTENTS

1. General Description
2. Staff
3. Health Centres
4. Care of Mothers and Young Children
5. Midwifery Services
6. Home Nursing
7. Health Visiting
8. Home Help Service
9. Mental Health Service
10. Vaccination and Immunisation
11. Health Education
12. Unsatisfactory Families
13. Care and After Care
14. Ambulance Service
15. School Health Service
16. Welfare Foods Service
17. Medical Examinations.

1. GENERAL DESCRIPTION:

The Division consists of the following districts:-

	<u>Estimated Population</u>	<u>Area in Acres</u>
Silsden Urban District	5,370	7,101
Earby Urban District	5,190	3,519
Barnoldswick Urban District	10,800	2,764
Skipton Urban District	13,100	4,211
Skipton Rural District	24,090	146,071

Social conditions in this mixed urban and rural community changed little during 1956, and the local Unemployed Register, including short-time workers, never reached one hundred. Textiles, including rayon manufacture, are still the main industry; followed in numerical order of employees engaged, by Professional Services (including hospitals), Transport, Distributive Trades, the Building Industry, and Agriculture. One firm of cotton manufacturers closed down during the year, and two firms placed operatives on short-time for brief periods. The spinning section of one firm was transferred to Northern Ireland, but there were no extensions to holidays during the year which are worthy of note.

Further progress has been made in clearing slum property in all districts under the terms of "The Housing Repairs and Rents Act, 1954", but the provision of houses for families other than those displaced in this way, has been on a reduced scale.

The weather in 1956 was the reverse of that experienced in 1955, with a summer as bad as the previous year's had been good. But a mild and mainly dry autumn came as some compensation to the farming community engaged in one of the staple occupations of the area.

2. DIVISIONAL STAFF: as at 31st December, 1956.

(i) MEDICAL and DENTAL:

M. Hunter	M.B.E., M.D., D.P.H.	Divisional Medical Officer.
R.R. Stoakley	M.B., B.Ch.) Assistant County and
C. Harris	M.B., B.Ch.) School Medical Officers.
G.D.G. Cameron	M.R.C.S., L.R.C.P.) Clinic Medical Officers
A.B. Morrison	M.B., Ch.B.) working on a sessional
J.M. Imrie	M.B., Ch.B.) basis.
W.M. Burbury	M.B., D.P.M.	Consultant Psychiatrist
T.S. Severs	M.D.	Ophthalmologist

(i) MEDICAL and DENTAL - continued

X	D.G. Pickles	M.A.	Psychologist
	O.A. Long	L.D.S.	Senior Dental Officer
	J.K. Ellwood	B. Ch.D.	School Dental Officer

(ii) NURSING:(a) Divisional Superintendent Health Visitor

Miss F. Stevenson, S.R.N., S.R.C.N., C.M.B.,
Part 1, H.V. Cert.

(b) Health Visitors/School Nurses

Mrs. D. Crabtree	S.R.N., S.C.M., H.V. Cert.
Miss N. Easton	S.R.N., S.C.M., H.V. Cert.
Miss I. Fell	S.R.N., S.C.M., H.V. Cert.
Miss M. Smith	S.R.N., S.C.M., H.V. Cert.
Mrs. I.G. Roscow	S.R.N.
Mrs. B. Roberts	S.R.N., S.C.M., H.V. Cert.
Miss M. Whaley	S.R.N., S.C.M., H.V. Cert.
Miss K.M. Pritchard	S.R.N. S.C.M., H.V. Cert.

(c) Home Nurses

Mrs. V.M. Flynn	S.C.M., S.E.A.N.
Mrs. H.C. Hill	S.R.N., S.C.M.
Mrs. I. Molyneux	S.R.N., S.C.M.
Mrs. M. Parkinson	S.R.N.
Mrs. M. Pratt	S.R.N.

(d) Home Nurse/Midwives

Miss D. M. Brewer	S.R.N., S.C.M.
Miss M. Brown	S.R.N., S.C.M.
Miss E.M. Butler	S.R.N., S.C.M.
Miss C. Herbert	S.R.N., S.C.M.
Miss A.M. Hunter	S.R.N., S.C.M.
Mrs. D. Inman	S.R.N., S.C.M.
Miss P.M. Oversby	S.R.N., S.C.M.
Miss E.A. Smith	S.R.N., S.C.M.
Mrs. M.A. Howard	S.R.N., S.C.M.
Miss E. Sugden	S.R.N., S.C.M.

(e) Home Nurse/Midwives/Health Visitors

Mrs. P.M.E. Bunnett S.R.N. S.C.M.
Mrs. B.A. Priestly S.R.N., S.C.M., H.V. Cert.

(f) Midwives

Miss E. Barlow	S.C.M.
----------------	--------

(iii) OTHER STAFFMental Health

X	Mrs. A.M. Dickinson	S.R.N., S.C.M. (Social Worker)
	Miss M.E. Marshall	M.A. (Home Teacher)

Speech Therapist

M. Buckley	L.C.S.T.	Resigned 30th August, 1956.
------------	----------	-----------------------------

Venereal Diseases Social Worker

X Mrs. Doige-Harrison

X Service shared with other Divisions

/ Part time from Regional Hospital Board.

Home Help Staff

Full time: 5

Part time: 39

Other Domestic Staff

Part time: 2

Administrative and Clerical Staff

Senior Clerk 1

Clerical (full time) 6

(part time) 4

Until this year it has been possible to state that the Division had a full complement of staff. That can no longer be done, for although the position had improved at the end of the year, considerable difficulty has been experienced in covering all the duties in the health visiting and home nursing services. Holidays, sickness, and attendance at refresher courses have also had to be covered either by the whole time relief nurse/midwife or the remaining members of the staff, and to them thanks are due for their willing co-operation. There seems no doubt that if adequate staff are to be attracted to the Division, steps will have to be taken to provide more unfurnished houses or flats. For where the majority of nurses also undertake midwifery it is rarely practicable to employ assistant nurses to work with those who are fully qualified.

The administrative and clerical staff continue to be more than fully occupied, although such tasks as maternity bed bookings, and the typing and duplicating of four Annual Reports are undertaken by few of the other twenty-seven Divisions in the County.

A Staff Dinner was again held in October, this being our fourth. Apart from personal enjoyment, this function is a useful means of promoting co-operation within the health and allied services by the presence of people who may otherwise rarely meet, telephone, or write to each other.

3. HEALTH CENTRES:

In the National Health Service Act, 1948, it is stated that "it shall be the duty of the local health authority to provide, equip, and maintain to the satisfaction of the Minister, premises which shall be called health centres". Few such centres have been built, and when their cost is acknowledged it is perhaps as well that their usefulness should be studied before a programme of any size is decided upon; particularly at a time when group practice is being encouraged. However, the increase in group practice must eventually be limited by physical and personal factors, and it may be that when this occurs more money will be available to build health centres, and so improve the co-operation between local authority staffs and general practitioners, to the benefit of the patients.

Much the same view was taken by the Guilleband Committee which presented its report on the cost of the National Health services during the year. This important and eagerly awaited report came as a disappointment to the many who appreciate the weaknesses of the National Health Service, and hoped that radical changes would be advocated. In effect, the report stated that the service was not unduly expensive (even with two thirds of its money being spent on hospitals), and that it would be premature to make any sweeping changes. It did, however, recommend that as Welfare is an integral part of the local health services it should be under the same administration.

With the exception of the former day nursery at Barnoldswick, this Division has no really suitable clinic premises and much inconvenience and waste of time results from having to use rented rooms. Although the buildings matter far less than the people working in them, inadequacy and inconvenience must reduce the efficiency of a service which has a limited staff.

4. CARE OF MOTHERS AND YOUNG CHILDREN:(a) BIRTHS:Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1956.

	Domiciliary		Institutional		Total
	Live	Still	Live	Still	
(a) Primary Notifications					
(i) Urban districts	70	-	289	6	365
(ii) Rural districts	42	-	265	4	311
(b) Add Inward Transfers	2	-	234	8	244
(c) Total Notifications received	114	-	788	18	920
(d) Deduct Outward Transfers	-	-	74	1	75
(e) Total Adjusted Births	114	-	714	17	845
<u>Analysis of Institutional Births:</u>					
Born in (a) Hospitals			705	17	
(b) Maternity Homes			7	-	
(c) Nursing Homes			2	-	
Total:			714	17	

(b) ANTENATAL CLINICS:

The object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children.

Details of our clinics and the attendances are given in table (c) on the following page. At Earby and Barnoldswick, mothercraft and relaxation exercise classes are also held, conducted by the health visitors and midwife. These are particularly appreciated by mothers expecting their first babies, who have much to learn about childbirth and care of the young baby.

(o) ANTE-NATAL CLINICS

Name and Address of Ante-natal Clinic (whether held at Child Welfare Centre or other premises).	Number of sessions now held per month			Number of Women in attendance		Total number of attendances made by women during year.		
	Combined with I.W.	Separate Sessions Doctors	Midwives only	Number of women who attended during year	No. of new cases included in Col.5.	Combined with I.W.	Separate Sessions Doctors	Midwives only
Barnoldswick The Clinic The Butts	-	4	4	140	119	-	618	204
Earby Old Grammar School	-	2	-	21	14	-	115	-
Glusburn Ebenezer Sunday School	-	2	4	81	65	-	361	94
Total:	-	8	8	242	198	-	1,094	298

(d) CHILD WELFARE CENTRES

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during the yr. and who at their first attendance were under 1 yr. of age	No. of children who attended during yr. and who were born in			Total No. of children who attended during yr.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year
			1956	1955	1954 to 1951		Under 1 yr.	1 but under 2	2 but under 5	
Barnoldswick The Clinic The Butts	8	147	128	89	116	333	2268	390	245	2,903
Farby, Old Grammar School	6	78	71	42	69	182	1349	249	406	2,004
Gargrave Institute	2	27	18	25	61	104	347	236	313	896
Glusburn Ebenezer Sunday Schl.	4	78	71	48	62	181	1176	198	241	1,615
Grassington Church House	2	31	27	18	36	81	306	83	197	586
Silsden Kirkgate Sunday Schl.	4	63	56	43	50	149	702	149	189	1,040
Skipton Millfields Hall	8	104	101	75	87	263	1972	444	457	2,873

(e) MOBILE CLINICS

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 year.	No. of children who attended during the year and were born in			Total number of children who attended during the year.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year
			1956	1955	1954 to 1951		Under 1 yr.	1 but under 2	2 but under 5	
Addingham	2	21	20	23	26	69	295	84	57	436
Bradley	2	17	11	15	19	45	268	55	21	344
Carleton	2	14	9	16	23	48	155	68	38	261
Cononley	2	17	12	12	25	49	186	88	75	349
Cowling	2	12	12	7	12	31	177	54	29	260
Embsey	2	10	10	10	21	41	124	46	53	223

(f) BIRTHS:

The total number of confinements in the home was 112 compared with 731 in hospital or maternity home. This gives an institutional birth rate of 86 compared with 58 for the West Riding Administrative County.

Whether confinements should take place in the hospital or in the home is still a matter of controversy. Thirty years ago only 15% occurred in hospitals, and although obstetrical indications are partially responsible, the main reason for the large increase in hospital confinements is social, and due to such factors as separation from families owing to employment, housing, and lack of domestic help. Whilst there is a firm belief on the part of the public that hospital delivery is safer, it should be remembered that the risk of infection to the infant is actually greater in hospital than at home. Evidence to support this occurred during the summer when a local maternity unit had to be closed for a period because of a staphylococcal skin infection amongst the babies there.

The booking of all maternity beds continues to be undertaken at the Divisional Health office. This permits patients to express their choice, and obviates overcrowding in one hospital whilst beds at another may be half empty, as may occur in small maternity units.

(g) CARE OF PREMATURE INFANTS:

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. Some of these prematures are in fact immatures, and may thrive better than others with a birth weight rather above $5\frac{1}{2}$ lbs. But it remains a valuable definition whilst prematurity continues to be the chief cause of death under one year, and particularly under one month.

There were 52 premature infants born in 1956 compared with 52 and 57 in the preceding years. Of this number 49 babies were born in hospital, and three at home. No babies were transferred to hospital after domiciliary delivery, but special equipment is available for nursing them at home when required.

Our knowledge of the associations of premature labour is still very incomplete. In half the cases there is no obvious medical reason. On the other hand it has been shown that there is a social gradient, the chances of premature birth increasing as the social circumstances of the family deteriorate. Elimination of what may be described as "environmental" causes, combined with very careful antenatal care for all mothers must therefore be the present aim.

(h) DENTAL CARE OF EXPECTANT AND NURSING MOTHERS:

The dental clinic at Barnoldswick provided dental care for the mothers in West Craven. Elsewhere local dental practitioners have provided a service under the County Council's scheme.

(i) DAY NURSERIES:

The Earby and Barnoldswick nurseries having been closed, there is now no such provision in the Division.

(j) CHILDREN'S HOMES:

Burnside House, Skipton, is operated by the Welfare Department. Children there are medically examined on admission, discharge, and periodically during their stay.

(k) NURSERY AND CHILD MINDERS (REGULATION) ACT, 1948:

Registration and approval are required where three or more children under five years are received to be looked after for a day or a substantial part of a day or for any longer period, not exceeding six days. One application for registration was refused during the year.

(l) CARE OF THE UNMARRIED MOTHER AND HER CHILD:

Although the illegitimate birth rate is half what it was ten years ago, there were 22 illegitimate births during the year, after adjustment for inward and outward transfers. And although the attitude of the general public towards this problem has greatly changed in recent years, serious personal and social difficulties often remain.

Admission to a hostel or voluntary home is often a temporary solution, and in such cases the County Council provides financial assistance. The Bradford Diocesan Moral Welfare Council has continued its valuable work in this area, and we remain indebted to its officers for their assistance.

(m) CHILD WELFARE CENTRES:

Details of the centres and attendances are given in the preceding tables (d) and (e). The attendances continued at a satisfactory level, and the sale of dried milk and other foods is a considerable convenience to the mothers. Less emphasis is now being placed on the routine weighing of babies, and more on the giving of advice by the doctors and health visitors. More health teaching is being attempted, although very few of the premises we rent are suitable for the purpose. Members of the Voluntary Committees continue to provide assistance at the static centres, and we are indebted to these ladies for their support.

5. MIDWIFERY SERVICES:

The local health authority has the responsibility for providing sufficient certified midwives to provide domiciliary care of women during childbirth, whether acting as midwives, or maternity nurses. In this Division, only one wholetime midwife is employed, in West Craven. Elsewhere, the home nurse/midwives undertake this work. This has been found to be the most suitable arrangement in a district well supplied with beds for hospital confinements. Each practising midwife attends a refresher course periodically. She is also trained to give gas and air analgesia, and pethidine, and conducts a majority of confinements without the presence of a doctor.

In the hospitals, midwives are provided by the Management Committee of the Group, but supervision is still exercised by the local health authority under the Rules of the Central Midwives Board.

STATISTICSNumber of confinements attended by midwives.

	Institu- tional total number of cases	Domiciliary Cases			
		Dr. not booked		Dr. booked	
		Doctor present at time of deliv- ery of child	Doctor not present at time of delivery	Doctor present at time of del- ivery (either booked Doctor or another)	Doctor not present at time of delivery of child
Midwives employed by the Authority	-	-	3	24	84
Midwives employed by volunt- ary organ- isations	-	-	-	-	-
Midwives employed by hosp- ital Management Committees	564	-	-	-	-
Midwives in Private Practice:					
(a) Nursing Homes	-	-	-	-	-
(b) Others	-	-	-	-	-

6. HOME NURSING:

Home nurses, some of whom also undertake domiciliary midwifery, are located in various parts of the Division according to population, natural boundaries, availability of hospitals, housing accommodation, and the demands for off-duty relief. Their names are given in Section 2 earlier in the Report.

One home nurse/midwife is employed exclusively on relief duty to cover holidays and absences through other causes. With two exceptions all the nurses have either their own cars or cars provided by the County Council. Cars are essential today in all but the largest centres of population; for without them the nurses could not possibly meet the demands on their services, particularly the giving of injections. The old conception of the district nurse as a giver of bed baths, poultices and enemas, depending largely on personality, experience, and physical skill is no longer true. She has had to acquire new techniques, the ability to work in isolation, with a minimum of facilities, and the skill to drive a car on all manner of roads in all weathers. Finally, as much of her work remains amongst the long term sick, she often has social as well as medical duties to perform.

As has already been stated in Section 2, more unfurnished accommodation will have to be provided if we are to compete with other authorities, and maintain a staff sufficient to meet all demands. This is particularly important in rural areas where midwifery is also undertaken, where there are no married women who might be employed part time, and until the proposed mobile reserve of sixteen nurses is established in the County.

A summary of the work undertaken is as follows:-

(i) Number of visits paid by home nurses during the year:	37,118
(ii) Number of cases attended by home nurses (excluding midwifery and maternity cases).	2,154

7. HEALTH VISITING:

By tradition, the health visitor is associated primarily with the care of the mother and the young child, taking over this responsibility from the midwife a fortnight after the confinement. This continues to be her main work, although she is now regarded as the general purpose family visitor, and is being employed by many authorities to undertake school nursing and tuberculosis visiting as well. Such an arrangement exists in this Division, where most of the health visitors also have a child welfare centre in their area. During the year the report of the Working Party on Health Visiting was published and its chief recommendations are on those lines.

Emphasis was also laid on the part which the visitor should play in health education, the development of care and after care services in linking up the hospital and community services, and in schemes for the aged and handicapped. Whilst it is unlikely that the health visitor will ever be quite as closely associated with the family doctor as the home nurse and midwife, there is no doubt that she should play a much larger part in this clinical team than she does at present. Hitherto communication has always been a difficulty, but all health visitors are now supplied with telephones.

Seven health visitors were employed at the end of the year, and one part time assistant. The Superintendent health visitor has additional duties, in the Home Help Service, and in the submission of reports on all patients recommended for admission to hospitals for the long term sick.

STATISTICS:

Although it is necessary to give some figures, they are not a good indication of the work done; for the quality of the work and the results achieved are much more important than the quantity of visits paid. The figures given are of visits only, and do not include attendances at schools, clinics, child welfare centres, hospitals, etc.

	<u>First Visits</u>	<u>Total Visits</u>
(i) Expectant Mothers	177	478
(ii) Children under 1 year	819	5,764
(iii) Children between 1 and 5 years	-	8,241
(iv) In respect of tuberculosis	-	912
(v) Other cases	-	2,357
	<u>996</u>	<u>17,752</u>

8. HOME HELP SERVICE:

Under the terms of section 29 of the National Health Service Act, 1948, the County Council has made arrangements for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age. The service provided is a most valuable one, particularly for the aged and infirm, for it permits many to remain in their own homes, thus avoiding their costly maintenance in hospital or welfare home. At the end of the year five full time and 39 part time home helps were employed, giving assistance in 150 homes.

Their organisation has become a major administrative task, and their supervision by the Superintendent health visitor, the home nurses and midwives involves considerable work and responsibility. This is an appropriate place in which to acknowledge their efforts, and in which to pay further tribute to the home helps for the way in which they have undertaken heavy and sometimes disagreeable duties with tact and cheerful efficiency.

STATISTICS:

Cases provided with home helps during the year came within the following categories:-

	<u>Number of cases</u>	<u>Hours employed</u>
(i) Maternity (including expectant mothers):	45	3,665
(ii) Tuberculosis:	1	105
(iii) Chronic sick, aged, infirm:	288	44,525
(iv) Others:	13	1,101

9. MENTAL HEALTH SERVICE:

The functions of the Local Health Authority under existing legislation are as follows:-

- (i) The appointment of a duly authorised officer to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

During the year action was taken by this officer in eighteen cases, for an increasing number of patients now enter mental hospitals as voluntary patients.

- (ii) To ascertain, under the terms of the Mental Deficiency Act, 1913-18, what persons in the area are defective; to provide suitable supervision for them, guardianship or institutional care; and to arrange for suitable training or occupation for those not in institutional care.

During the year 3 mental defectives were ascertained, all of whom were under sixteen years of age. At the end of the year 64 defectives were resident in the Division. Of these, 54 were under statutory supervision, 10 under voluntary supervision, and 1 was on licence from an institution. In addition, 71 defectives whose home addresses are in the Division were receiving institutional care elsewhere.

Supervision of the defectives living in the Division is undertaken by the mental health social worker, and she also supplies reports to hospitals when applications for licence, holiday leave, etc., are being considered.

For those defectives likely to benefit, training is available at the small group training centre at Skipton on three days each week, and at the larger occupation centre at Keighley on five days each week. The home teacher was visiting at the end of the year 9 defectives who were unable to travel from their homes.

At the centres the training comprises teaching (in so far as it is possible) of numbers, colours, simple money values, painting, drawing, clay modelling, knitting and embroidery. The defectives also learn to sing and play together, they get companionship, and their parents are relieved of the constant strain of caring for them. A dinner is provided through the School Meals Service, and travel warrants for the defectives and their escorts.

- (iii) Arranging for care and after care of persons suffering from mental illness, where provision is not otherwise made.

Under this heading a limited amount of visitation and supervision is undertaken by the mental health social worker at the request of the hospital psychiatrist or almoner, or the family doctor.

10. VACCINATION AND IMMUNISATION:

- (a) On the coming into operation of the National Health Service Act, in 1948, compulsory powers for infant vaccination against smallpox ceased, and were replaced by voluntary arrangements under the terms of Section 26 of the Act. This led to an immediate fall in acceptances, which was estimated in 1948 to be less than 20 per cent. According to the national

statistics for 1955, 36.4 per cent. of babies were vaccinated, so that although there has been some improvement, the position is obviously still far from satisfactory.

Until some fifty years ago small-pox swept through this country quite frequently, when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. These conditions no longer appertain, for the vaccination state is low, and air journeys from smallpox endemic areas take less time than the incubation period of the disease. There have been twenty-three importations of variola major in the past ten years, and there will undoubtedly be more. It is very probable also that unrecognised cases will again enter hospitals, and may well leave many contacts in the community before they arrive there.

In the Division, the number of persons vaccinated (or revaccinated) during the year was:-

Age at date of vaccination	Under 1 Year	1 Year	2 to 4 Years	5 to 14 Years	15 yrs. or over	Total
Number vaccinated	337	17	16	13	39	422
Number re-vaccinated	-	-	-	15	103	118

(b) It was pointed out earlier in Section C of this Report, that cases of diphtheria are still occurring in this country, because of parental apathy and failure to accept the simple procedure of immunisation for their children. According to the national statistics the percentage of babies under one year of age immunised against diphtheria was 36.7 percent. in 1955. But other children are immunised through the School Health Service, and in 1955 the diphtheria immunity index was 49.3 per cent. That index is the number of children under 15 years of age who have had a course of immunisation during the last five years and are regarded as protected.

It is obviously much lower than it should be. In the Division the number of children who completed a full course of primary immunisation against diphtheria during the year was:-

Age at date of final injection

<u>Under 5</u>	<u>5 to 14</u>	<u>Total</u>
576	98	674

The number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) was 747.

(c) Reference was also made in Section C to the value of vaccines now available for the protection of children against whooping cough. Details of children vaccinated in 1956 are as follows:-

Under 6 months	6 months to 1 year	1 - 2 Years	2 - 3 Years	3 - 4 Years	Total
21	317	55	13	5	411

(d) 1956 is assured of a place in epidemiological history as the year in which poliomyelitis vaccination was first tried in Britain. But it was a year in which the incidence of this disease was low except in a number of sharply defined areas, and the statistical evidence which is going to be available as a result of these vaccinations will not be very important. However, the decision to use the "polio" vaccine was based on evidence from other countries where many millions of vaccinations have now been performed, and it has been shown in the U.S.A. that the attack rate for paralytic cases has been up to five times greater in unvaccinated children.

Although much has been discovered in recent years, knowledge of the spread of the virus, i.e. the causative germ of poliomyelitis, is still far from complete. It has been claimed that for every clinical case the number of inapparent infections, as a result of which immunity to the disease is developed, may be as high as one hundred. It has also been shown that contacts of a case, and especially family contacts act as carriers of the virus. At present

There is no practical method of discovering inapparent infections or carriers, so the use of a safe vaccine proved to give a measure of protection against infection is obviously worth while, particularly when there is, as yet, no specific treatment available for this dread disease.

Vaccination was offered to children in certain age groups in the Division during the Spring, and the response was good. Unfortunately, only a very limited supply of vaccine was available, but 221 children were given two injections, and 10 children one injection before vaccinations were stopped at the beginning of the summer, at which time poliomyelitis starts to rise to its late summer peak in this country. The vaccinations were all performed at schools, or at clinics, but family doctors will be taking part in the campaign in future years.

(e) B.C.G. vaccination for protection against tuberculosis was referred to earlier in the Report. It was given by the Chest Physician to 75 children who were likely to be exposed to infection, and by the School Medical Officers to 268 thirteen year old children found by testing to be susceptible to infection.

11. HEALTH EDUCATION:

There is little to add to that which has been written in previous years, and the health visitors continue to undertake the main responsibility. Health education is their primary function, and is best undertaken during visits to the homes of babies and young children. They are well qualified by training and experience to advise on most aspects of family life, and they have recently been including advice on the prevention of accidents in the home, behaviour problems in childhood, and healthy footwear. The ante-natal and child welfare clinics also provide receptive audiences, although lack of suitable accommodation for short talks and film shows is a handicap in all our premises. Considerable use continues to be made of leaflets and posters issued by the Central Council for Health Education, and by the County Council; and although all members of the staff play some part in health education it must be admitted that the majority are so fully occupied with new and routine duties, that this important subject is not getting the attention which it should have.

B.C.G. vaccination and poliomyelitis vaccination may be quoted as examples of new duties, and their importance cannot be denied either.

12. UNSATISFACTORY FAMILIES:

Some families, in spite of the worst misfortune, manage to maintain their independence in society, on meagre financial resources and in poor housing conditions, and with or without the statutory aid which is due to them. Others, because of their inherent weaknesses fail to support themselves or care properly for their children even when every help is given them. It is to the latter that the title of "problem family" is given, and in which the majority of cases of neglect and ill-treatment of children arise. The report of the N.S.P.C.C. for 1955 shows that 36,697 such cases were dealt with involving 98,277 children, which gives some idea of the size of the problem. It is this type of unsatisfactory family which is reviewed periodically by the co-ordinating committee formed by the Divisional Medical Officer under the terms of the Joint Circular 78/50 from the Ministries of Health and Education, and the Home Office. Much useful work has been done by this committee and a number of evictions with consequential break-up of families has been obviated.

Problem families have been the subject of much study in recent years, and the accepted view is that they differ from other families mainly in personality and intelligence. The parents are immature, often of low intelligence, and with quite a high incidence of mental illness. They do not conform to the normal social pattern because they cannot. They lack insight and foresight - that is, ordinary common sense. The mothers are usually affectionate and faithful wives but thoroughly incompetent housekeepers. But it is not usually until after several children have been born that the mother is overwhelmed, and the household subsides hopelessly into a state of dirt, debt, and domestic confusion. The family then comes to official notice because of child neglect, truancy, or crime. Rehabilitation of a family at this stage is a long, difficult and expensive business; for the provision of advice, furniture, bedding, clothing, and kitchen ware is not enough. Training in special hostels, and the employment of Family Service Units, specially selected home helps or other agencies may be necessary. There is therefore much to be said in favour of making a diagnosis at an early stage, for that might permit more successful efforts at prevention.

Unfortunately, it is likely to be some time before this idea is generally accepted and appropriate means provided to carry it out.

13. CARE AND AFTER CARE:

For patients in their own homes the home nurses supply sick room requisites such as air-rings, rubber sheets, bed pans, and bed rests, from their own stocks. Larger items such as wheel chairs, spinal carriages and special beds are supplied through the Divisional Health Office.

For patients in need of such, admission to recuperative homes, usually at the seaside, is arranged at the request of the family doctors; and for the tuberculous, extra milk is supplied on the recommendation of the Chest Physician. Home helps and home nurses are frequently provided at the request of the almoners for patients discharged from hospital.

Our liaison with most of the hospitals is satisfactory and continues to improve, for all applications for admission of the chronic sick are now referred to the department for report, and discharges are the subject of increasing consultation. That is as it should be in a national health service, particularly one with a tripartite division into hospital, health authority, and family doctor services.

The care of the aged continues to occupy many members of the staff, on a scale which increases year by year. The main principles of geriatrics now seem to be established, that the old should live at home and have some work to do, and that they should, according to their taste and capacity, keep in touch with the world around them. The aim should be independence without loneliness, useful occupation without strain, and foreseen provision (preferably in the care of adult and responsible relatives) for such period of final dependence as may be necessary.

The part which hospitals and welfare homes can play in this total problem is small. The hospitals aim at the care of diseases capable of being cured; the medicated relief of the last months or years of slow but irreversible decline is no longer an accepted function.

In fact the Ministry of Health has expressed the view that there is no real shortage of hospital accommodation for the aged, although the distribution may be uneven, and many beds may be blocked because patients no longer in need of treatment cannot be discharged. That may be so, but the fact remains that in this area it is often impossible to obtain a bed for patients in urgent need of admission.

The institutional "home" is the easy (and expensive) answer so often given, but, although the West Riding County Council has provided 452 additional beds in welfare homes since the War, the waiting list continues to grow. Between these two provisions there is an intermediate need for those not ill enough for hospital, yet not well enough for welfare home. But such "halfway" houses are few and controversy exists as to who should pay for them. As they are really taking the place of the old time infirmaries, it would seem to be the responsibility of the Regional Hospital Boards. However, when all has been said about this provision of beds, a majority of the aged remain to be dealt with by the family doctors, home nurses, and home helps. This is usually satisfactory where the relatives are available and accept their obligations; and much useful work is being done in providing ancillary services such as meals-on-wheels, chiropody, clubs, visitors, night attendants, physiotherapy, laundry services etc., although their provision is more difficult in rural and small urban areas than it is in the large towns and cities.

During the year, the County Council brought forward certain proposals for the care of old people living in sufficient numbers in a particular location to warrant the employment of a warden, and the establishment of certain other facilities on community lines. These proposals are not generally applicable in the Division, but one authority was giving them consideration.

14. AMBULANCE SERVICE:

There have been no alterations in the ambulance arrangements during the year, but increasing use is being made of short wave wireless transmission and reception apparatus. This enables ambulances to be diverted to accidents and other emergencies, and can save life and time.

The Barnoldswick depot serves West Craven, and the Keighley depot serves Silsden and the parishes in South Craven. Addingham and Beamsley are dealt with from the Guiseley depot; and the rest of the Division is served by the Skipton depot with the exception of Upper Wharfedale, where the St. John's Ambulance Brigade operates from Grassington under agency arrangements.

STATISTICS:

1956

Mileage covered:	135,854
Patients carried:	16,339

15. THE SCHOOL HEALTH SERVICE:

The history of this service goes back fifty years, and until recently its principal function was the detection of defects and their treatment. Had that been its only function, the passing of the National Health Service Act in 1948 might have foreseen its disappearance. But it remains firmly established, for it is a health service rather than a medical service, and is closely linked with the educational life of the child. Faults may thus be put right before they become defects, and in this work the medical officer is helped by the school nurse who has a close acquaintance with the families in her schools through her contacts at clinics and in home visiting.

The basic programme of this service consists of the examination of every child on four occasions during school life, along with the more frequent examination of handicapped pupils and special cases. Details of these examinations are given in the following tables:-

TABLE 1.(a) Periodic Medical Inspections:

Number of inspections in the prescribed groups:-

Entrants	711
7 to 8 year group	444
Last year primary	576
First year secondary	49
Last year secondary	<u>381</u>

Total: 2,161(b) Other Inspections:

Number of special inspections:	1,460
Number of re-inspections:	<u>115</u>

Total: 1,575(c) Pupils found to require treatment:

	Defective Vision (excl.squint)	For any of other cond- itions re- corded in Table 11.	Total Indiv- idual pupils
Entrants	19	109	118
7 to 8 year group	33	31	58
Last year primary	68	55	119
First year secondary	-	2	2
Last year secondary	30	26	53
Total:	150	223	350

(d) Classification of all pupils given a routine examination:

Age groups	Number of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of col.2.	No.	% of col.2.
Entrants	711	689	96.9	22	3.1
7 to 8 year group	444	442	99.5	2	.5
Last year primary	576	570	99.0	6	1.0
First year secondary	49	49	100.0	-	-
Last year secondary	381	381	100.0	-	-
Total:	2,161	2,131	98.6	30	1.4

TABLE 11

(e) Return of defects found by medical inspection
in the year ended 31.12.56.

All defects noted at inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection. Whenever it is considered necessary for a child to be referred for a specialist's opinion (other than for an ophthalmic examination) notification is sent to the family doctor so that he can make the arrangements or such alternative provision as he considers desirable.

	Periodic Inspections No. of defects		Special Inspections No. of defects	
	Requiring treatment	Requiring observation but not treatment	Requiring treatment	Requiring observation but not treatment
Skin	46	71	9	51
Eyes: (a) Vision	201	422	38	151
(b) Squint	20	40	2	35
(c) Other	9	2	-	2
Ears: (a) Hearing	6	15	4	5
(b) Otitis Media	3	29	-	4
(c) Other	10	21	3	9
Nose or throat	50	341	25	157
Speech	9	28	8	26
Cervical Glands	5	60	3	22
Heart & Circulation	-	39	-	47
Lungs	47	130	8	106
Developmental:				
(a) Hernia	2	16	2	7
(b) Other	3	82	3	58
Orthopaedic:				
(a) Posture	13	41	6	26
(b) Flat feet	71	76	7	46
(c) Other	25	41	1	27
Nervous System:				
(a) Epilepsy	-	7	-	7
(b) Other	-	3	-	2
Psychological:				
(a) Development	4	19	2	38
(b) Stability	3	45	1	21
Abdomen:	-	14	1	6
Other:	37	25	8	17

(f) CLINIC ARRANGEMENTS:

School clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly and given appropriate advice and treatment. Orthopaedic, Paediatric, Dermatological, and Ear, Nose and Throat Clinics are held at Skipton Hospital by consultants of the Regional Hospital Board. The Board also provides an ophthalmologist for the examination of children with defects of vision and the prescription of spectacles. His clinics are held in Skipton and Barnoldswick, as are the speech therapy clinics. Finally, a child guidance clinic for children showing behaviour problems and maladjustment is held in Skipton, the conduct of which is now in the hands of a consultant psychiatrist, Dr. Burbury.

Unfortunately, the speech therapy clinic had to be closed in the summer when Miss Buckley emigrated to Canada, and a replacement had not been obtained by the end of the year. The Child Guidance Clinic was without the services of Dr. Burbury during the autumn when she was in the United States, but Dr. Leese and Mr. Pickles were able to deal with urgent cases in Shipley or Skipton.

(g) HANDICAPPED PUPILS:

Section 34 of the Education Act, 1944, places a duty upon Local Education Authorities to ascertain those children who, by reason of disability of mind or body, require special educational treatment; and Section 33 requires such Authorities to make provision for the special education recommended. The School Health Service and Handicapped Pupils Regulations prescribe ten categories of handicap, and in the Division the following children were included at the end of the year:-

The Blind	2
The Partially Sighted	3
The Deaf.....	3
The Partially Deaf.....	1
The Delicate	6
The Educationally Subnormal..	36
The Epileptic	-
The Maladjusted	5
The Physically Handicapped ..	12
Speech Defects.....	-
Total:	<u>68</u>

The emphasis today is on drawing as little difference as possible between the handicapped child and the normal child, and not all handicapped children need attend a special school. This is important because in a mixed urban and rural community such as we live in there are insufficient pupils of any one category to warrant providing a special day school, and the only alternatives are for these children to leave home to attend a residential special school, or have home tuition.

Children attending special residential schools at the end of the year were as follows:-

Schools for the Blind.....	2
Schools for the Partially Sighted	1
Schools for the Deaf	2
Schools for the Partially Deaf.....	1
Schools for the Maladjusted.....	5
Schools for the Delicate	6
Schools for the Physically Handicapped.....	3
Schools for the Educationally Subnormal	12

There is a residential special school in the Division at Netherside Hall near Grassington. This normally provides accommodation for 40 senior boys, many with asthma or other chest diseases, but the number had to be reduced in the autumn because of shortage of domestic staff.

(h) PUPILS UNDER OBSERVATION:

In addition to the pupils classified as handicapped under the Education Act, 1944, 44 children with defects of a temporary or less serious character were under observation by the medical and nursing staff at the end of the year.

(i) B.C.G. VACCINATION:

As mentioned under the heading of Tuberculosis in the Report of the Medical Officer of Health, all thirteen year old children were offered this vaccination if found to give a negative result on tuberculin testing.

The number offered B.C.G. vaccination ..	704
The number accepting B.C.G.....	398
The number tuberculin negative	270
The number given B.C.G. vaccination	268

(j) EMPLOYMENT OF CHILDREN:

The County Council has byelaws regulating the employment of children of compulsory school age, which require the children to be examined by a School Medical Officer within two weeks of the date employment begins. During the year 48 children were examined to ensure that employment would not be prejudicial to health.

(k) CLEANLINESS:

Examination of children's heads for infestation with vermin is undertaken by the school nurses. During the year 15,412 examinations were made and 114 children found to require treatment. In many cases this is a chance infestation which does not recur, but where there is evidence of lack of care or neglect, treatment is undertaken in co-operation with the parents and teachers.

(l) DENTAL SERVICE:

Statistics relating to work undertaken in the Division during the year are as follows:-

Number of children inspected 3,342
 Number of children found to require treatment.. 2,519
 Number of children offered treatment..... 2,120
 Number of children treated 1,625
 Number of attendances 3,885
 Number of extractions:
 (a) temporary..... 1,934
 (b) permanent..... 408
 Number of general anaesthetics..... 40

Number of fillings:
 (a) temporary 454
 (b) permanent 2,213

Number of other treatments:
 (a) temporary 243
 (b) permanent 1,338

16. WELFARE FOODS SCHEME:

The distribution of National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin A and D tablets was transferred from the Ministry of Food in 1954, and distribution centres are established as follows:-

<u>Centre</u>	<u>Hours of Opening</u>
Skipton Health Office	- Daily.
Silsden Clinic	- Weekly - Mondays & Tuesdays alternately.
Steeton	- Alternate Tuesdays.
Crosshills Clinic	- Alternate Tuesdays.
Earby Clinic	- Weekly - Wednesday.

<u>Centre</u>		<u>Hours of Opening</u>
Barnoldswick	-	Twice weekly - Thursdays & Saturdays.
Gargrave	-	Alternate Thursdays
Grassington	-	Alternate Wednesdays

In addition, cod liver oil and orange juice and vitamin tablets are dispensed by voluntary agencies in:-

Appletreewick
Linton
Addingham
Sutton
Farnhill
Cowling
West Marton
Lothersdale

17. MEDICAL EXAMINATIONS:

Particulars of medical examinations carried out by the Divisional Medical Staff during the year:-

Entry to County Superannuation Scheme	31
Teachers and entrants to Training Colleges	45
Fitness for work	7

In addition, certain examinations were carried out under the Children Act, 1948, and the Mental Deficiency Acts.

